## Chapter 30—Determination of Blood Alcohol by Blood, Breath, Saliva, and Urine Analysis; and Determination for the Presence of Drugs in Blood, Saliva, and Urine

RECEIVED :	
By Carol Day at 9:	18 am, Apr 10, 2015

16	

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR	IV WITH PRINTER	R MAINTEN	ANCE REP	ORT				REPORT #7
Complete this report in duplicate Send copy to Department of Heal	at the time of the regulation and Senior Services	ijar monthly pr ijar monthly pr	ovenlative ma al in departmer	intana nt file.	nce check, a	nd whenev	er Instrument is	s repaired.
ALCO SENSOR IV SH	PRINTE	яян	180			DATE OF	NSPECTION	
107996	09	9 . 5 > 8	6,80	$\mathcal{O}$		19/	<u>/2015</u> ASPECTION	
LOCATION OF INSTRUMENT ISTREET A	No cita es Geladeta	178 1.41	0 64	1119	·,			
CHECKUST: Place a mark in the uas where determined.) Unmarke	box by each item if lo d items must be corre-	und to be satis	lactory or if op ing instrument	peratin	g within estat	olished lutvi	ts. (Write in obs	sarved val-
DIGITAL READOUT (ALL EL	EMENTS OPERATION	(AL)						-
TEMPERATURE OF ALCO S	ENSOR (10°C - 40°C)	<u> </u>				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
PRINTER WORKING PROPE	ERLY					·		
TIME AND DATE DISPLAYIN	G PROPERLY							
BREATH ALCOHOL ACCURACY	/ STANDAROS						<u> </u>	
SIMULATOR SOLUTION			OMPRE					
STANDARD SUPPLIER Int	toxioneter:	. LC	TA AG4	<u> 2180</u>	EXP DAT	€ <u>(% //</u>	46-2016	
SIMULATOR TEMPERATURI	E (34°C ± 0.2°C)	, SIMU	LATOR SN _		SIM	ULATOR E	XP DATE	
less. Check the dox correspor  0.100% STANDARD - M  0.080% STANDARD - M  0.040% STANDARD - M	UST READ BETWEEN UST READ BETWEEN	i 0.095% and i 0.076% and	0.105% INCL! 0.084% INCL!	USIYE USIYE		. :	- W-MINGAN	
TEST 1 # , 082	TEST 2 ❤	,080	<u>٠</u>		TEST 3 🖝	. 0	79	
RFI DETECTOR OPERATING								
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List any new parts and describe established limits (use other side	any alleration or modi if necessary).	fication that w	as made to re	store	the ristrumer	nt to opera	la salislacion)	r and within
						/5485-5008- <u></u>	į	
INSPECTING OFFICER					эман гара	~ /		A SAME A SECOND
	1				Josh	Boult	<u>, y</u>	•
TIPE I PERUTIAN DE PER PER PER L'AND LE PER PER PER PER PER PER PER PER PER PE	11/13/16					136 3	3550	
Return completed report to the		gram, MO Dec	eH to Inemnse	saith a	nd Sarvor Se	rvices, Sou	uheast District	Office
	Poplar Bluff, MO 63	1901		<del> </del>				اهل
71-0 \$50-1351 (\$-10)	WK	ANTI CALIFORNIA (ANTI-	PERMINE ACTION (SA	P. Contro				# · · ·



Airgas USA LLC (LAB) 3500 Bernard Street

St. Louis, Mo. 63103 Ph (314) 533-3100

Fax: (314) 533-7328

#### **Certificate of Analysis**

Customer Name Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Test Date: 6-Aug-2014

Lot # AG421804

Exp. Date 6-Aug-2016 Cyl. Type

Component Ethanol

Certified Concentration 0.080 ± 0.002 BrAC (218 ppm)

Nitrogen

Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No. EB0010581 EB0010570 EB0010285 EB0010561 EB0010681	Concentration 391.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm 52.22 ppm	Serial No. EB0010603 EB0010559 EB0010595 EB0010562 EB0010579	Concentration 392.5 ppm 258.9 ppm 208.9 ppm 104.9 ppm 52.94 ppm
ED001000;	oz.zz ppm	CD0010013	52,94 ppm

Analytical Method:

**NDIR** 

Digitally signed by Quality Control Date 2014-09-06-17:38:54-05:00 Reason Dry gas standard certification of analysis Location: Argas USA LLC (Lab)

Analyst:

Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 107996 AS IV Serial no: 107996 Version no: 532B Version no: 532B TEST RECORD 00111 TEST RECORD 00112 Temp Date Time 210L Temp Date Time 210L Air Blank Air Blank: 04/07/15 16:57 .000 04/07/15 16:59 .000 Calibration Check: Subject Test: Man 20 04/07/15 16:57 .082 21 04/07/15 16:59 .080 Subject Name Subject Name Subject I.D. Subject I.D. Operator Name, I.D. Operator Hame, I.D. Location Location

AS IV Serial no: 107996	AS IV Serial no: 107996 Version no: 532B
Version no: 532B TEST RECORD 00113 9/ Temp Date Time 210L	TEST RECORD 00114 9/ Temp Date Time 210L
Air Blank: 04/07/15 17:02 .000 Subject Test: Man	001D: RFI 12 04/07/15 17:04 Subject Name
22 04/07/15 17:02 .079 Subject Name	Subject I.D.
Subject 1.D.	Operator Name, I.D.
Operator Name, I.D.	Location
Location	
	And the state of t



# STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



### PERMIT TYPE II

#### JOSHUA N BAILEY

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

#### 



Date Expires 11/13/2016

Date Issued 11/13/2014